CP/2776





Prease type a plus sign (+) inside this box ->

Signature

PTO/SB/21 (08-00) Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/456,249 RANSMITTAL 12/07/99 Filing Date **FORM** Darryl Rubin et al. **First Named Inventor** for all correspondence after initial filing) 2776 Group Art Unit TBA Examiner Name Total Number of Pages in This Submission 60 Attorney Docket Number 003797.85089 ENCLOSURES (check all that apply) After Allowance Communication to **Assignment Papers** Fee Transmittal Form (for an Application) Group Appeal Communication to Board of Fee Attached Drawing(s) Appeals and Interferences Appeal Communication to Group Amendment / Response Licensing-related Papers (Appeal Notice, Brief, Reply Brief) After Final Petition Proprietary Information Petition to Convert to a Affidavits/declaration(s) Status Letter **Provisional Application** Power of Attorney, Revocation Other Enclosure(s) Extension of Time Request Change of Correspondence Address (please identify below): one related application, Terminal Disclaimer 09/556,865 Express Abandonment Request Request for Refund Supplemental Information CD, Number of CD(s) **Disclosure Statement** Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Gary D. Fedorochko, Reg. No. 35,509 Individual name Signature October 25\2002 Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## FEE TRANSMITTADIPE for FY 2002 Patent fees are subject to annual revision

Applicant claims small entity status. See 7 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)

	Complete If Know	vn
Application Number	09/456,249	
Ting Date	12/07/99	
First Named Inventor	Darryl Rubin et al.	
Saminer Name	ТВА	DEOL
Group / Art Unit	2776	<b>NECEIVE</b>
Attorney Docket No.	003797.85089	007

ndependent laims - + = 0						-001 2	<u>7002</u>		
Deposit Account   19-0733   19-07	METHOD OF PAYMENT (check all that apply)		EEE CALCIII ATION (continued)						
Deposit Account   19-0733   19-07	☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None		3. ADDITIONAL FEES			Technology Center 2			
Deposit Account   19-0733   19-07						0, 0	OIILGI Z		
19-0733   19-0	Danait					Fee Description	Fee Pald		
Number		105		205		Surcharge - late filing fee or oath			
Account Name		127	50	227	25				
Name	Deposit	139	130	139	130	Non-English specification			
The Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below except for the filing fee to the above-identified deposit account.  The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to: (check all that apply) The Commissioner is authorized to the commissioner is authorized t	Account Banner & Witcoff, Ltd.		2,520	147	2,520	For filing a request for reexamination			
□ Charge fee(s) indicated below □ Credit any overpayments □ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.    FEE CAL CULATION   115   110   215   55   Extension for reply within first month		112	920*	112	920*				
15   15   15   15   15   15   15   15	☐ Charge fee(s) indicated below ☐ Credit any overpayments		1,840*	113	1,840*				
SASIC FILING FEE   Small Entity	☐ Charge fee(s) indicated below, except for the filing fee		110	215	55				
1. BASIC FILING FEE   Large Entity   Small entity		116	400	216	200				
1.		117	920	217	460	Extension for reply within third month			
Code   (\$)	Large Entity Small Entity	118	1,440	218	720	Extension for reply within fourth			
101   740   201   370   Utility filing fee   108   330   206   165   Design filing fee   107   510   207   255   Plant filing fee   108   740   208   370   Reisuse filing fee   114   160   214   80   Provisional filling fee   114   120   241   640   Petition to revive – unavoidable   Petition to revive – unintentional   112   1280   242   640   Utility issue fee (or reissue)   122   130   Petition to revive – unintentional   142   1,280   242   640   Utility issue fee (or reissue)   143   460   241   640   Petition to revive – unintentional   142   1,280   242   640   Utility issue fee (or reissue)   143   460   241   310   Plant issue fee   144   620   241		128	1,960	228	980	Extension for reply within fifth month			
106   330   206   165   Design filling fee   120   320   220   160   Filling a brief in support of an appeal   121   280   221   140   Request for oral hearing   122   280   221   140   Request for oral hearing   123   138   1,510   138		1119	320	219	160	, <del>,</del>			
107   510   207   255   Plant filling fee   108   740   208   370   Reissue filing fee   114   160   214   80   Provisional filling fee   140   110   240   55   Petition to revive – unavoidable   140   110   240   55   Petition to revive – unavoidable   140   110   240   55   Petition to revive – unavoidable   140   110   240   241   240		120	320	220	160	Filing a brief in support of an appeal			
108   740   208   370   Reissue filling fee		121	280	221	140	Request for oral hearing			
SUBTOTAL (1)  SUBTOTAL (2)  SUBTOTAL (3)  SUBTOTAL (4)  SUBTOTAL (4)  SUBTOTAL (5)  SUBTOTAL (6)  SUBTOTAL (7)  SU	108 740 208 370 Reissue filing fee	138	1,510	138	1,510				
2. EXTRA CLAIM FEES    Extra   Fee from   Fee   Delow   Paid   Fee   Pee   Pee   Code   S   Code	114 160 214 80 Provisional filling fee	140	110	240	55	Petition to revive unavoidable			
2. EXTRA CLAIM FEES  Extra Fee from Fee below Paid  Otal Claims Pee Fee Claims Pee from Paid Plant issue fee  Claims Pee from Pee Paid  Ox Peidependent Peendent  Claims Pee Fee Pee Pee Pee Pee Pee Pee Code (\$)  Code	SUBTOTAL (1) (\$) 0	7 141	1,280	241	640	Petition to revive - unintentional			
Extra Claims		142	1,280	242	640	Utility issue fee (or reissue)			
Total Claims		143	460	243	230	Design issue fee			
Total Claims		144	620	244	310	Plant issue fee			
Aultiple Dependent  Large Entity Fee Fee Code (\$) Code (\$		ן 122	130	122	130	Petitions to the Commissioner			
Claims    Claims   Cl	ndependent	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	)		
Large Entity   Small	Claims = 0 X = 0	126	180	126	180				
Fee Fee Code (\$) Fee Description  103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3  104 280 204 140 Multiple dependent claim, if not paid "Reissue independent claims over original patent"  110 18 210 9 **Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 0  146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))  149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))  149 740 279 370 Request for Continued Examination (RCE)  169 900 169 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0	Dependent X = 0	581	40	581	40	per property (times number of			
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent **Reissue claims in excess of 20 and over original patent **Reissue claims over original patent **Reissue clai	Fee Fee Fee Fee Description	146	740	246	370	Filing a submission after final rejection	·		
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 "Reissue independent claims over original patent "Reissue claims in excess of 20 and over original patent "Reissue claims in excess of 20 and over original patent "Reissue claims in excess of 20 and over original patent "Reissue claims in excess of 20 and over original patent "Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) 0	(4)	149	740	249	370	· • • • • • • • • • • • • • • • • • • •			
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 "Reissue independent claims over original patent "Reissue claims in excess of 20 and over original patent "Reissue claims in excess of 20 and over original patent "Reissue claims in excess of 20 and over original patent "Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) 0	11.55			- ''					
109 84 209 42 "Reissue independent claims over original patent "Reissue claims in excess of 20 and over original patent "Reissue claims in excess of 20 and over original patent "SUBTOTAL (2) (\$) 0  *Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) 0	•	d 179	740	279	370	Request for Continued Examination (RCF)			
110 18 210 9 Reissue claims in excess of 20 and over original patent  Other fee (specify)  *Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) 0	109 84 209 42 ** Reissue independent claims ove	r   ''°				Request for expedited examination			
SUBTOTAL (2) (\$) 0  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0	** Reissue claims in excess of 20 a		'I —						
(4)0	SUBTOTAL (2) (\$) 0		•		- <b>-</b>	aid OUDTOTAL (B)			
	**or number proviously paid if greater: For Paissues, see above	- Red	uced by E	sasic Filin	ıg ree P	aid SUBTOTAL (3) (\$) 0			

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Gary D. Fedorochko	Registration No. Attorney/Agent)	35,509	Telephone	(202) 508-9223		
Signature	Hens	Jedonth		Date	October 25, 2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.